

## Office of the Secretary of Transportation

## Pt. 40, App. G

other cases, such as transmission of laboratory drug test results to MROs, the transmission of medical information from MROs to employers, the transmission of SAP reports to employers, the transmission of positive alcohol test results, and the transmission of medical information from MROs to employers.

2. In every case, you must ensure that, in transmitting the information, you meet all requirements (*e.g.*, concerning confidentiality and timing) that would apply if the party originating the information (*e.g.*, an MRO or collector) sent the information directly to the employer. For example, if you transmit MROs' drug testing results to DERs, you must transmit each drug test result to the DER in compliance with the requirements for MROs set forth in §40.167.

### DRUG TESTING INFORMATION

- § 40.25: Previous two years' test results
- § 40.35: Notice to collectors of contact information for DER
- § 40.61(a): Notification to DER that an employee is a "no show" for a drug test
- § 40.63(e): Notification to DER of a collection under direct observation
- § 40.65(b)(6) and (7) and (c)(2) and (3): Notification to DER of a refusal to provide a specimen or an insufficient specimen
- § 40.73(a)(9): Transmission of CCF copies to DER (However, MRO copy of CCF must be sent by collector directly to the MRO, not through the C/TPA.)
- § 40.111(a): Transmission of laboratory statistical report to employer
- § 40.127(f): Report of test results to DER
- §§ 40.127(g), 40.129(d), 40.159(a)(4)(ii); 40.161(b): Reports to DER that test is cancelled
- § 40.129 (d): Report of test results to DER

- § 40.129(g)(1): Report to DER of confirmed positive test in stand-down situation
- §§ 40.149(b): Report to DER of changed test result
- § 40.155(a): Report to DER of dilute specimen
- § 40.167(b) and (c): Reports of test results to DER
- § 40.187(a)–(e) Reports to DER concerning the reconfirmation of tests
- § 40.191(d): Notice to DER concerning refusals to test
- § 40.193(b)(3): Notification to DER of refusal in shy bladder situation
- § 40.193(b)(4): Notification to DER of insufficient specimen
- § 40.193(b)(5): Transmission of CCF copies to DER (not to MRO)
- § 40.199: Report to DER of cancelled test and direction to DER for additional collection
- § 40.201: Report to DER of cancelled test

### ALCOHOL TESTING INFORMATION

- § 40.215: Notice to BATs and STTs of contact information for DER
- § 40.241(b)(1): Notification to DER that an employee is a "no show" for an alcohol test
- § 40.247(a)(2): Transmission of alcohol screening test results only when the test result is less than 0.02
- § 40.255(a)(4): Transmission of alcohol confirmation test results only when the test result is less than 0.02
- § 40.263(a)(3) and 263(b)(3): Notification of insufficient saliva and failure to provide sufficient amount of breath

[65 FR 79526, Dec. 19, 2000, as amended at 66 FR 41955, Aug. 9, 2001; 73 FR 35975, June 25, 2008]

## APPENDIX G TO PART 40—ALCOHOL TESTING FORM

The following form is the alcohol testing form required for use in the DOT alcohol testing program beginning January 1, 2011. Employers are authorized to use the form effective February 25, 2010.

**U.S. Department of Transportation (DOT)  
Alcohol Testing Form**

*(The instructions for completing this form are on the back of Copy 3)*

<b>Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN</b>													
A: Employee Name _____ (Print) (First, M.I., Last)													
B: SSN or Employee ID No. _____													
C: Employer Name _____ Street _____ City, State, Zip _____													
DER Name and Telephone No. _____ DER Name _____ DER Phone Number _____													
D: Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment													
<b>STEP 2: TO BE COMPLETED BY EMPLOYEE</b>													
I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.													
Signature of Employee _____ Date ____/____/____ Month Day Year													
<b>STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN</b>													
(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.													
TECHNICIAN: <input type="checkbox"/> BAT <input type="checkbox"/> STT      DEVICE: <input type="checkbox"/> SALIVA <input type="checkbox"/> BREATH*      15-Minute Wait: <input type="checkbox"/> Yes <input type="checkbox"/> No													
SCREENING TEST: (For BREATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Test #</th> <th>Testing Device Name</th> <th>Device Serial # <u>OR</u> Lot # &amp; Exp Date</th> <th>Activation Time</th> <th>Reading Time</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result						
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CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.													
REMARKS: _____ _____ _____													
<table style="width: 100%;"> <tr> <td>Alcohol Technician's Company _____</td> <td>Company Street Address _____</td> </tr> <tr> <td>(PRINT) Alcohol Technician's Name (First, M.I., Last) _____</td> <td>Company City, State, Zip _____ Phone Number _____</td> </tr> </table>		Alcohol Technician's Company _____	Company Street Address _____	(PRINT) Alcohol Technician's Name (First, M.I., Last) _____	Company City, State, Zip _____ Phone Number _____								
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(PRINT) Alcohol Technician's Name (First, M.I., Last) _____	Company City, State, Zip _____ Phone Number _____												
Signature of Alcohol Technician _____ Date ____/____/____ Month Day Year													
<b>STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER</b>													
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.													
Signature of Employee _____ Date ____/____/____ Month Day Year													

*Print Screening Results  
Here or Affix with  
Tamper Evident Tape*

*Print Confirmation  
Results Here or Affix  
with Tamper Evident  
Tape*

*Print Additional  
Results Here or Affix  
With Tamper Evident  
Tape*

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C: Employer Name _____ Street _____ City, State, Zip _____					
DER Name and Telephone No. _____ ( ) DER Name _____ DER Phone Number _____					
D: Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment					
<b>STEP 2: TO BE COMPLETED BY EMPLOYEE</b>					
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Signature of Employee _____ Date _____/_____/_____ Month Day Year					
<b>STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN</b>					
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SCREENING TEST: (For BREATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> )					
Test #	Testing Device Name	Device Serial # <u>OR</u> Lot # & Exp Date	Activation Time	Reading Time	Result
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					
REMARKS: _____ _____ _____					
Alcohol Technician's Company		Company Street Address _____ ( )			
(PRINT) Alcohol Technician's Name (First, M.I., Last)		Company City, State, Zip _____		Phone Number _____	
Signature of Alcohol Technician _____ Date _____/_____/_____ Month Day Year					
<b>STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER</b>					
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.					
Signature of Employee _____ Date _____/_____/_____ Month Day Year					

Print Screening Results  
Here or Affix with  
Tamper Evident TapePrint Confirmation  
Results Here or Affix  
with Tamper Evident  
TapePrint Additional  
Results Here or Affix  
With Tamper Evident  
Tape

**U.S. Department of Transportation (DOT)  
Alcohol Testing Form**

*(The instructions for completing this form are on the back of Copy 3)*

<b>Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN</b>	
A: Employee Name _____ (Print) (First, M.I., Last)	
B: SSN or Employee ID No. _____	
C: Employer Name _____ Street _____ City, State, Zip _____	
DER Name and Telephone No. _____ DER Name _____ DER Phone Number _____	
D: Reason for Test: <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Susp <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Pre-employment	
<b>STEP 2: TO BE COMPLETED BY EMPLOYEE</b>	
I certify that I am about to submit to alcohol testing required by US Department of Transportation regulations and that the identifying information provided on the form is true and correct.	
Signature of Employee _____ Date ____/____/____ Month Day Year	
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(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual in accordance with the procedures established in the US Department of Transportation regulation, 49 CFR Part 40, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.	
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SCREENING TEST: (For BREATH DEVICE* write in the space below <u>only</u> if the testing device is <u>not</u> designed to <u>print</u> .)	
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Signature of Alcohol Technician _____ Date ____/____/____ Month Day Year	
<b>STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS 0.02 OR HIGHER</b>	
I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are 0.02 or greater.	
Signature of Employee _____ Date ____/____/____ Month Day Year	

Form DOT F 1380 (Rev. 5/2008)

OMB No. 2105-0529

COPY 3 – ALCOHOL TECHNICIAN RETAINS

*Print Screening Results  
Here or Affix with  
Tamper Evident Tape*

*Print Confirmation  
Results Here or Affix  
with Tamper Evident  
Tape*

*Print Additional  
Results Here or Affix  
With Tamper Evident  
Tape*

**PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2105-0529. Public reporting for this collection of information is estimated to be approximately 8 minutes per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, U.S. Department of Transportation, Office of Drug and Alcohol Policy and Compliance, 1200 New Jersey Avenue, SE, Suite W62-300, Washington, D.C. 20590.

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## INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION ALCOHOL TESTING FORM

**NOTE:** Use a ballpoint pen, press hard, and check all copies for legibility.

**STEP 1** The Breath Alcohol Technician (BAT) or Screening Test Technician (STT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

**NOTE:** If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

**STEP 2** Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

**NOTE:** If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

**STEP 3** The BAT or STT completes the information required in this step and checks the type of device (saliva or breath) being used. After conducting the alcohol screening test, do the following (as appropriate):

Enter the information for the screening test (test number, testing device name, testing device serial number or lot number and expiration date, time of test with any device-dependent activation times, and the results), on the front of the ATF. For a breath testing device capable of printing, the information may be part of the printed record.

**NOTE:** Be sure to enter the result of the test exactly as it is indicated on the breath testing device, e.g., 0.00, 0.02, 0.04, etc.

Affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original printed information, or the device may print the results directly on the ATF. If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. The test process is complete.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

Ensure that a waiting period of at least 15 minutes occurs before the confirmation test begins. Check the box indicating that the waiting period lasted at least 15 minutes.

After conducting the alcohol confirmation test, affix the printed information to the front of the form in the space provided, or to the back of the form, in a tamper-evident manner (e.g., tape) such that it does not obscure the original information, or the device may print the results directly on the ATF. Print, sign your name, and enter the date in the space provided. Go to STEP 4.

**STEP 4** If the employee has a breath alcohol confirmation test result of 0.02 or higher, instruct the employee to read, sign, and date the employee certification statement in STEP 4.

**NOTE:** If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks line in STEP 3.

Immediately notify the DER if the employee has a breath alcohol confirmation test result of 0.02 or higher.

Forward **Copy 1** to the employer. Give **Copy 2** to the employee. Retain **Copy 3** for BAT/STT records.

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[75 FR 8529, Feb. 25, 2010, as amended at 75 FR 13009, Mar. 18, 2010; 75 FR 38423, July 2, 2010]